

HEALTH CARE REFORM: SETTING THE RECORD STRAIGHT

1) Myth: “The bill will put bureaucrats in control of the entire health care system.”

Fact: If you like your doctor and your current insurance plan, you get to keep it. This legislation will not change your current plan. You may still choose your own doctor and the insurance plan of your choice.

2) Myth: “The bill will provide insurance to illegal aliens.”

Fact: It does not provide health insurance coverage for illegal aliens.

- “Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States.” (See [Section 246](#).)

3) Myth: “The bill is a government takeover of the health care system.”

Fact: It does not provide for a “government take-over” of health care—there is no government or “public option” included in this bill. It *does* create new optional exchanges to improve competition and provide coverage for more Americans that are currently uninsured. Creating optional exchanges is not a government takeover; it is how the free market works.

4) Myth: “Doctors will be paid the same amount regardless of specialty and the government will determine their fees.”

Fact: False. This bill will change the current Medicare fee-for-service system and increase payment rates to doctors based on the quality of care they deliver, not just the volume; and increases Medicaid reimbursement rates.

5) Myth: “The government mandate will create death panels and determine who gets care and who does not.”

Fact: False. There is no such thing as a death panel in this legislation. Further, the bill specifically specifies that the government cannot mandate coverage or care decisions. To encourage the use of best practices, the bill sets up a Center for Comparative Effectiveness Research to identify the manner in which diseases, disorders, and other health conditions can most effectively and appropriately be prevented, diagnosed, treated, and managed clinically. Critical medical decisions and end-of-life decisions are left to the patient and their doctor—not the government.

6) Myth: “The bill guts the Medicare program, putting millions of seniors in danger of losing their benefits.”

Fact: Quite the opposite, the bill extends the solvency of Medicare and closes the so-called “donut-hole” gap in Medicare prescription drug coverage which reduces costs to seniors; it also provides free preventative care and ending out-of-pocket co-pays. Nothing in the bill reduces Medicare benefits for seniors—what it does do is crack down on the estimated 20% of Medicare that is spent on waste, fraud, and abuse.

7) Myth: “The IRS will have unlimited access to an individual’s personal health records and can access people’s bank accounts to recoup fines and penalties.”

Fact: False. The law does not change existing protections that prevent the sharing of personal medical information with third parties without consent of the patient. In addition, laws also exist which prevent the IRS from debiting anyone’s account directly. The IRS will be able to gather information to determine the validity of tax credit claims and penalize noncompliance. The IRS will be working to inform the 40 million middle-income families and 4 million small businesses who are eligible that they now qualify for new credits and tax incentives.

8) Myth: “Reforms undermine health care for Veterans and military families and will change their current coverage.”

Fact: False. Veterans’ health care and TRICARE (for military families) will not be affected, changed, or undermined by this bill. It does allow Vet and TRICARE recipients to enroll in optional health insurance exchanges once they are created if they so choose.

9) Myth: “The bill is a job killer.”

Fact: The rising cost of health care is the real job killer. Costs for small businesses have more than doubled over the last decade, eating into their ability to hire new workers. According to the nonpartisan Small Business Majority, reform would slash health care costs for small businesses by \$855 billion. Health care reform also means that people can change jobs without fear of losing their health insurance.

10) Myth: “Health reform will burden small businesses.”

Fact: There is no mandate to provide coverage for small businesses with 50 or less employees. The bill does give tax credits to small businesses that choose to cover their employees.

11) Myth: “Members of Congress have access to special insurance options.”

Fact: Under the bill, Members of Congress and their staff will only be allowed to purchase coverage that qualifies for the newly-created exchanges. Now all Americans will be able to access the same health care coverage that Members of Congress have.

12) Myth: “Health Care exchanges mean socialized medicine.”

Fact: Small businesses and Individuals will be able to purchase coverage through optional exchanges—health exchanges will provide a regulated competitive marketplace that will have strict rules banning practices such as dropping people when they get sick. By allowing people to enter a marketplace pool (or “exchange”) it allows competition among insurers which will lower premiums over the long-term. Greater competition is not socialism; it is a core principle of the free market. With these reforms, doctors and their patients will be empowered to make critical health care decisions not the insurance companies or the government.